MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

Completed by:
☐ Sponsor
☐ MDHSS Reviewer

SITE MEAL COUNT CONSOLIDATION FORM

Sponsor Name:

Site Name:

Month/Year:

	Breakfast		Lunch		Supper		Snack	
Date	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Site Totals	0	0	0	0	0	0	0	0

Instructions for Completing the Site Meal Count Consolidation Form

This is an optional form. It should be used to consolidate the meal counts for each site, one form per site.
The totals from each site's worksheet should be added to get the sponsor's monthly claim totals.
If the sponsor has only one site, this form may be used in lieu of the Monthly Consolidation Form.

This form is available as an Excel spreadsheet
at:http://health.mo.gov/living/dnhs_pdfs/Site_Meal_Count_Consolidation.xls.
Or call 888-435-1464 or email sfsp@health.mo.gov to request an email with the form attached..

Sponsor Name: Enter the sponsoring organization's name.
Site Name: Enter the name of the site for which meal counts are being recorded
Month/Year: Enter the name of the month and year for which meal counts are being recorded.
Date: For each calendar date, enter the number of breakfasts, lunches, suppers and/or snacks served as firstmeals to children and second mealss to children. Do not enter meals on dates the site wasn't open (such as Saturdays, Sundays and holidays), and do not enter numbers for meals that weren't approved and served (e.g., if the site is approved to serve breakfasts and lunches, do not record meals under suppers and snacks).
Site Totals: Enter the totals for each column. (If using the Excel spreadsheet, totals will calculate.)

Multiple Site Totals: When one form is complete for each site, use the space below to add the Site Total for Child 1st Meals for Breakfast from each site's form, to get the total breakfast first meals served to children for the month. Add each additional column in the same manner for each site, to get all other totals for the monthly consolidation form and claim for reimbursement.

Sponsor Name:					**Month/Year:**			
	Breakfast		**Lunch**		**Supper**		**Snack**	
Site Name or Number	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
Total meals	0	0	0	0	0	0	0	0